Self-Evaluation Report:
For Clinical Physical Therapist Residency and Fellowship Programs

***\*While programs must complete the entire SER, those Key Elements in red font denotes Candidacy Absolutes***

Please note: The Self-Evaluation Report must be accessed and completed through ABPTRFE’s Accreditation Management System. This paper format is provided to programs for reference purposes only.

Adopted: September 16, 2024; Revised: May 19, 2025

# Background

ABPTRFE’s accreditation process is grounded in the fundamental principle of peer-review that enables other physical therapists and higher education faculty and administrators to conduct reviews of clinical residency and fellowship programs on behalf of participants. The accreditation process is guided by transparent standards that are collaboratively established by professional peers and member programs.

The initial accreditation process provides ABPTRFE an opportunity to engage in a multi-level review beginning with the Candidacy Review Council. The Candidacy Review Council evaluates a program’s Self-Evaluation Report and Exhibits, making recommendations to ABPTRFE on the level of a program’s preparedness to undergo a comprehensive onsite visit.

**Candidacy Absolutes:** ABPTRFE identified a subset of its Quality Standards as absolute that a program seeking candidacy must meet through narrative responses and relevant evidence.

A program seeking candidacy must attest to, and demonstrate, within the Self-Evaluation Report and Exhibits that it meets each absolute.

ABPTRFE will suspend consideration of any program that does not meet all absolutes following the Candidacy Review Process.

*\*While programs must complete the entire SER, those Key Elements in red font denotes Candidacy Absolutes.*

Following a grant of candidacy, residency and fellowship programs prepare for the onsite visit by revising the Self-Evaluation Report and Exhibits based on the feedback received from the Candidacy Review Council through this Accreditation Report Rubric. The onsite team uses this same rubric to determine whether the program successfully implemented and fully demonstrates compliance with the ABPTRFE Quality Standards before making recommendations to the program and ABPTRFE.

For residency and fellowship programs undergoing renewal of accreditation, the onsite team uses this Accreditation Report Rubric to document a program’s ongoing compliance with the ABPTRFE Quality Standards through a review of a program’s Self-Evaluation Report, Exhibits, and onsite visit, before making recommendations to the program and ABPTRFE.

Throughout each step, residency and fellowship programs are provided an opportunity to respond and demonstrate full compliance with any “Needs Improvement” or “Inadequate” findings prior to ABPTRFE’s review and making a final accreditation decision.

The Team Lead of the onsite team is responsible for guiding the onsite visit in accordance with ABPTRFE’s Processes and Procedures and ensures that team members complete their tasks during the onsite visit.

# Self-Evaluation Report (SER)

The Self-Evaluation Report tells a story about the residency or fellowship program, beginning with its history and mission then focusing on its current state and future. Programs present their passion for offering a quality curriculum that provides physical therapists with the knowledge, skills, and affective behaviors to enhance the practice of physical therapy. Programs craft their story using the Self-Evaluation Report template and Exhibits as a guide while narratively describing how their policies and procedures meet the intent of the ABPTRFE Quality Standards.

**Defined Terms:** Those terms underlined within the ABPTRFE Quality Standards and corresponding Self-Evaluation Report are defined in the Glossary of Terms within the [ABPTRFE Processes and Procedures](https://abptrfe.apta.org/for-programs/non-clinical-programs/quality-standards-non-clinical-programs).

# Self-Evaluation Process – Program Assessment

1. Describe the program’s preparedness to undergo this ABPTRFE self-evaluation (accreditation) process, including the engagement of all relevant stakeholders (sponsoring organization, program leadership, etc.).

Click or tap here to enter text.

1. Describe the program’s process in gathering information and submitting the self-evaluation report (SER) and associated Exhibits, including details on the involvement of the Program Director, faculty, and staff (identify individuals by name and title) in the process.

Click or tap here to enter text.

# Program Profile

1. Describe the program’s history and why it was developed.

Click or tap here to enter text.

1. For Re-Accreditation, describe any major changes since the program’s most recent accreditation review (e.g., admissions, faculty, enrollment, curriculum, or marketing).

Click or tap here to enter text.

1. For Re-Accreditation, list any Progress Report or Enhancement Report findings in the program’s most recent grant of accreditation letter and in any other Board correspondence to the program since its most recent accreditation cycle. Describe how the program continues to address these areas.

Click or tap here to enter text.

# Program Organization

1. Briefly describe the program’s organizational structure.

Click or tap here to enter text.

1. Create and upload a chart reflective of the program’s organizational structure as EXHIBIT 1.

Upload Chart

1. List those sites that are used for patient-care clinic hours as defined within the [ABPTRFE Processes and Procedures](https://abptrfe.apta.org/for-programs/non-clinical-programs/quality-standards-non-clinical-programs) Glossary of Terms.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Site | Address | City | State | Zip | Distance from Main Program Address (miles) | Setting(Select all that apply) | Type of Training | Faculty/Mentors Assigned to Site |
| Insert. | Insert. | Insert. | Insert. | Insert. | Insert name of site. | Choose an item. | Choose an item. | Insert names. |

1. **For programs seeking initial accreditation:** Upload Exhibit 4: Medical Condition Chart for each site listed within the Participant Practice Site Chart (separate chart for each site). PDF all charts into a single document before uploading.

**For programs seeking renewal of accreditation:** Upload EXHIBIT 4: Medical Condition Chart for each program graduate from the previous year. PDF all charts into a single document before uploading.

Medical condition charts are found within the DRP/DFP tile on the [ABPTRFE website](https://abptrfe.apta.org/for-programs/non-clinical-programs/quality-standards-non-clinical-programs) for each area of practice.

Upload Chart(s)

# Clinical Quality Standards

## Quality Standard 1: Mission, Goals, and Outcomes

Residency/Fellowship programs’ mission communicates the advancing education offered to increase a physical therapist’s efficiency and improve outcomes. The mission identifies the program’s defined area of practice and promotes excellence in the field of physical therapy education by graduating competent specialty practitioners. The mission guides the program’s operations and future growth. The program’s goals direct the efforts necessary for continued viability. The program’s outcomes identify the knowledge and competencies participants gain upon program completion. Key indicators demonstrate the achievement of the program’s mission, goals, and outcomes.

QUALITY STANDARD 1 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

* 1. The mission statement communicates the program’s purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice that results in enhanced patient care.

[Upload EXHIBIT 2: [Mission and Goals Chart template](https://abptrfe.apta.org/for-programs)]

* 1. The program’s mission statement aligns with the sponsoring organization’s mission statement.
1. Provide the sponsoring organization’s (not program’s) mission statement.

Insert Sponsoring Organization’s Mission Statement

	1. The program identifies goals that are reflective of the defined area of practice. The program goals support the achievement of the mission and communicate the ongoing efforts necessary to support continued sustainability.

[No response required. Provided within EXHIBIT 2: Mission and Goals Chart template]

* 1. The program develops outcomes that identify measurable behaviors reflective of the defined area of practice which describe the knowledge, skills, and affective behaviors participants gain upon completion of the program.

[Upload EXHIBIT 3: [Assessment Table template](https://abptrfe.apta.org/for-programs)]

* 1. The program identifies key indicators it uses to annually monitor and measure the achievement of the program’s mission, goals, and outcomes. Key indicators form the basis for evaluating participant performance and determining program effectiveness.

[No response required. Provided within EXHIBIT 2: Mission and Goals Chart template and EXHIBIT 3: Assessment Table]

## Quality Standard 2: Curriculum Design and Instruction

Residency/Fellowship programs focus on the advancement of physical therapist knowledge and practice. Curriculum design focuses the knowledge, skills, and affective behaviors the participant gains that improves patient outcomes, enhances professional competence, and emphasizes one-to-one mentoring. Curriculum development follows a structured, systematic process that ensures content validity in a defined area of practice. The curriculum allows the participant to achieve the program’s outcomes through advancing professional competence and education in scientific principles underlying practice applications. The curriculum integrates a variety of educational methods that support the theoretical basis for advanced practice and assessments grounded in scientific inquiry. The curriculum enhances the participant’s knowledge, skills, and affective behaviors through the integration of didactic instruction, focused practice, and application of evidence-based practice principles.

QUALITY STANDARD 2 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

2.1 **Curriculum Development:** The program’s comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). All curriculum components complement each other to enhance the participant’s learning. The program’s curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program’s outcomes.

1. Indicate the publication year of the DRP or DFP used to develop the comprehensive curriculum.

Insert Response
2. Describe how the program’s curriculum organization (types, lengths, and sequencing of education and practice components) promotes participant achievement of the program outcomes.

Insert Response

[See EXHIBIT 3: Assessment Table (Curricular Activities and Relationship to DRP or DFP)]

2.1.1 **Program Structure:** The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP).

1. Describe how the program’s didactic and clinical curriculum provides opportunities for participants to gain experience with a diverse and complex patient population as characterized by the DRP or DFP.

Insert Response

2.1.2 **Patient Outcomes:** The curriculum design provides the participant with the knowledge, skills, and affective behaviors to manage patient care in support of improved patient outcomes through the integration of didactic instruction, focused practice, and application of evidence-based practice principles. The program effectively uses mentoring to guide the participant through developing patient care plans based on best practices.

1. Describe how the program’s curriculum integrates didactic instruction, focused practice, research, and scientific inquiry to manage patient care in support of improved patient outcomes.

Insert Response
2. Describe the program’s mentoring process used to guide the participant through developing patient care plans based on best practices.

Insert Response

2.1.3 **Educational Methods:** The program integrates a variety of educational methods, traditional or innovative, to ensure the participant’s advancing level of mastery. Educational methods are appropriate to each of the curriculum content areas and reflective of the program outcomes.

1. List all traditional and innovative educational methods used throughout the curriculum (e.g., lectures, clinical experiences, journal club, independent study, distance education, media, etc.).

Insert Response
2. Provide the rationale for the educational methods used to advance the participant level of mastery of knowledge, skills, and affective behaviors.

Insert Response

2.1.4 **Assessments:** The program implements assessments designed to evaluate the participant’s performance based on established measures. The program’s formative and summative methods evaluate the participant’s mastery of curriculum content based on performance measures and feedback provided in a timely manner. A variety of assessments evaluate the participant’s initial and advancing levels of knowledge, practice, application of evidence-based practice principles, and competence as characterized in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). At a minimum, one written examination and two live patient practical examinations are required throughout the program.

1. Explain how and when feedback (formative and summative) is provided to the participant throughout the program.

Insert Response

[See EXHIBIT 3: Assessment Table (Key Indicators outlined for all assessments, examinations, and evaluations participants undergo)]

2.1.5 **Residency Programs – Domains of Competence:** The program integrates the following competencies when evaluating achievement of the participant’s goals and outcomes. The program monitors and measures the achievement of the participant’s seven domains of competence:

* Clinical reasoning
* Knowledge for specialty practice
* Professionalism
* Communication
* Education
* Systems-based practice
* Patient management

[No response required. Provided within EXHIBIT 3: Assessment Table (Resident Domains of Competence)]

2.2 **Program Requirements:** The program demonstrates compliance with minimum requirements that provides physical therapists with learning experiences resulting in advanced professional competence and increased quality patient care.

2.2.1 **Program Length:** The program provides a systematic set of learning experiences that address the knowledge, skills, and affective behaviors the participant needs to achieve the program outcomes within a set period of time. Residency/Fellowship programs are completed in no fewer than ten (10) full-time equivalent months and in no more than sixty (60) months.

1. Identify whether the program is full-time or part-time or both and the number of months required for completion of each (excluding time for remediation) by completing the chart below:

|  |  |
| --- | --- |
| Program Format | Program Length (in months) |
| Select program format (full-time or part-time). | Enter length |
| Select program format (full-time or part-time). | Enter length |

2.2.2 **Residency Program Hours:** The program offers a comprehensive curriculum that meets minimum required hours within the program’s area of practice. Residency programs require participants to complete a minimum of 1,800 total program hours including 300 educational hours and 1,500 patient-care clinic hours inclusive of 150 hours of 1:1 mentoring throughout the program.

The participant is the primary patient/client care provider for 100 of the minimum 150 mentoring hours.

* At least 100 of the 150 mentoring hours must be in-person (1:1)
* The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.
1. Indicate the total program hours.

Insert Response

1. Indicate the total educational hours.

Insert Response

1. Indicate the total patient-care clinic hours.

Insert Response

1. Indicate the total mentoring hours.

Insert Response

1. Indicate the total mentoring hours conducted in-person and the participant is the primary patient/client care provider.

Insert Response

1. For sports residency programs, indicate the total athletic event coverage hours.

Insert Response

2.2.3 **Fellowship Program Hours:** The program offers a comprehensive curriculum that meets minimum required hours within the program’s area of practice. Fellowship programs require participants to complete a minimum of 1,000 total program hours including 150 educational hours and 850 patient-care clinic hours inclusive of 150 hours of 1:1 mentoring throughout the program.

The participant is the primary patient/client care provider for 75 of the minimum 150 mentoring hours.

* At least 75 of the 150 mentoring hours must be in-person (1:1)
* The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.
1. Indicate the total program hours.

Insert Response

1. Indicate the total educational hours.

Insert Response

1. Indicate the total patient-care clinic hours.

Insert Response

1. Indicate the total mentoring hours.

Insert Response

1. Indicate the total mentoring hours conducted in-person and the participant is the primary patient/client care provider.

Insert Response

2.3 **Program Delivery:** The program is conducted in settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care by demonstrating substantial compliance with professionally developed and nationally applied practice and operational standards while maintaining sufficient resources to achieve the mission, goals, and outcomes.

1. Describe how the program ensures that the curriculum and learning experiences are delivered consistently across all clinical sites and identify who is responsible for this oversight.

Insert Response

2.4 **Mentoring Focus:** The program emphasizes the professional benefit of advanced clinical education through mentoring. The curriculum offers the participant individualized guidance on emerging and current best practices, patient care, and evidence-based practice in a defined area of practice. Mentors provide comprehensive oversight and consistent feedback throughout the length of the program focused on advancing the participant’s knowledge and expertise in a defined area of practice.

1. Describe how the program matches the mentor to the participant.

Insert Response

1. Describe the mentoring model(s) used over the length of the program.

Insert Response
2. Describe how the program’s mentoring offers participants individualized guidance in a defined area of practice.

Insert Response

1. Describe how mentors advance participants’ knowledge and expertise throughout the length of the program.

Insert Response

1. Describe how and when mentors provide consistent feedback to the participant.

Insert Response

2.5 **Completion:** The program verifies that the participant meets completion requirements. The program director awards a certificate of graduation to the participant who completes the program. The certificate is issued in accordance with the ABPTRFE Policies and Procedures Authorized Statement and signed by the program director and administrators of the sponsoring organization. A certificate is only issued once the participant completes all program requirements.

☐ By checking the box, the program certifies that participants meet the completion requirements and the program director awards a certificate of graduation to participants who complete the program and that the certificate is issued in accordance with ABPTRFE Processes and Procedures Authorized Statement including being signed by the program director and administrators of the sponsoring organization.

## Quality Standard 3: Program Delivery, Director, and Faculty

Residency/Fellowship programs implement consistent procedures for adequately responding to patient and participant’s needs. Admissions criteria allows for equitable evaluation of the participant’s ability to be successful in the program and supports the program’s mission, goals, and outcomes. A qualified and experienced program director provides effective administrative leadership of faculty and oversees the delivery of a quality curriculum. Adequate support services facilitate the participant’s successful completion and achievement of program outcomes.

QUALITY STANDARD 3 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

3.1 **Admissions Criteria:** The program publishes equitable and inclusive admissions policies and verifies the participant is eligible to practice based on state requirements. The program implements consistent procedures for evaluating each prospective participant’s ability to be successful in the program and achieve their educational goals. Programs advance diversity and promote a culture of inclusion and equity, particularly with groups historically underrepresented in the profession.

1. Provide the program’s admissions policies and identify who is responsible for evaluating prospective participants.

For this response: Copy and Paste Policy

1. Describe how the program implements consistent procedures for evaluating prospective participants’ abilities to be successful in the program and achieve their educational goals.

Insert Response
2. Describe how the program verifies admitted participants are eligible to practice based on state requirements for all facilities.

Insert Response

3.1.1 **Fellowship Programs:** The participant possesses at least one of the following additional qualifications for admission:

* American Board of Physical Therapy Specialties (ABPTS) specialist certification in the related area of specialty as defined within the DFP, **or**
* Completion of an ABPTRFE-accredited residency in a related specialty area as defined within the DFP.

☐ By checking the box, the program certifies that participants meet the above additional qualifications for admission to fellowship programs.

3.1.2 **Program Contract/Agreement/Letter of Appointment:** The program ensures each participant signs a contract/agreement/letter of appointment prior to commencing the residency/fellowship program. The contract/agreement/letter of appointment is in compliance with the ABPTRFE’s Admissions Offer Disclosures Check List.

☐ By checking the box, the program certifies that it requires participants to sign a contract/agreement/letter of appointment prior to beginning the program.

1. Complete the Admissions Offer Disclosures Check List below as EXHIBIT 5.

This Admissions Offer Disclosures Check List is intended to be used by the clinical program and submitted within the program’s Self-Evaluation Report to ensure compliance with ABPTRFE admissions offer disclosure requirements. Programs should provide the page number(s) for the contract or Participant Handbook where each admissions disclosure is published.

|  |  |  |  |
| --- | --- | --- | --- |
| **AdmissionsDisclosures** | **Elements** | **Contract Page Number** | **Participant Handbook Page Number** |
| Program Costs | (e.g., tuition and other fees) | Page Number | Page Number |
| Financial Aid or Stipends |  | Page Number | Page Number |
| Hours of Work |  | Page Number | Page Number |
| Agreement Duration |  | Page Number | Page Number |
| Financial Compensation |  | Page Number | Page Number |
| Fringe Benefits | (e.g., meals, uniforms, vacation policy, sick leave policy, housing provisions, and payment of dues for membership in selected professional organizations) | Page Number | Page Number |
| Probationary Period |  | Page Number | Page Number |
| Grounds for Termination |  | Page Number | Page Number |
| Appeal |  | Page Number | Page Number |
| Mission, Goals, and Outcomes |  |  | Page Number |
| Administrative Policies | * Retention Policy
* Remediation Policy
* Termination Policy
* Grievance Policy
	+ Program
	+ ABPTRFE
* Leave Policy
* Non-Discrimination/Privacy/ Confidentiality Policies
* Malpractice Insurance
* Participant Tracking
 |  | Page Number |
| Designated Learning Experiences |  |  | Page Number |
| Program Participant Duties and Expectations |  |  | Page Number |
| ABPTRFE Quality Standards | Information and links to where participants may read and review ABPTRFE’s Quality Standards |  | Page Number |
| Participant Evaluation Processes |  |  | Page Number |
| Participants Attests to Receiving the Participant Handbook | Attestation: “I received the Participant Handbook prior to signing the program contract. I certify that I have read, understood, and agreed to all policies and procedures outlined in the Participant Handbook.”  | Page Number |  |
| Participant Signature and Date\*\* |  | Page Number |  |

☐ By checking the box, the program certifies that it meets ABPTRFE Admissions Disclosures Check List.

1. Upload a Blank Contract/Agreement/Letter of Appointment for the participant as EXHIBIT 6.

3.2 **Participant Orientation:** The program conducts orientation activities to familiarize the participant with the program requirements including the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, and evaluation processes.

1. Describe the program’s orientation activities used to familiarize participants with the program requirements.

Insert Response

☐ By checking the box, the program certifies that participants are informed of the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, program participant duties, and evaluation processes.

3.3 **Administrative Policies:** The program publishes equitable administrative policies and implements consistent procedures designed to protect the participant and the program.

3.3.1 **Retention Policy:** The program implements appropriate retention policies and procedures including academic and clinical requirements the participant must fulfill to maintain active status through graduation.

1. For this response: Copy and Paste Policy (do not provide links to policies)

3.3.2 **Remediation Policy:** The program implements appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful. The program establishes methods and timelines to identify and remedy unsatisfactory clinical or academic performance. The remediation policies are distributed to and acknowledged in writing by the participant. The program documents and implements any necessary adjustments to the participant’s customized learning plans, including remedial action(s).

1. For this response: Copy and Paste Policy (do not provide links to policies)

3.3.3 **Termination Policy:** The program implements an appropriate termination policy and procedures including termination of the participant who becomes ineligible to practice due to loss of license or for identified clinical or academic reasons (e.g., consistent underperformance or inability to successfully remediate participant). The program establishes procedures and timelines followed for termination. The program identifies the employment status of the participant should program termination occur.

1. For this response: Copy and Paste Policy (do not provide links to policies)

3.3.4 **Grievance Policy:** The program implements an equitable grievance policy including procedures for appeal that ensures due process for the participant, faculty, and staff. Additionally, the program publishes ABPTRFE’s grievance policy that a participant can follow if issues are not resolved at the program level.

1. For this response: Copy and Paste Policy (do not provide links to policies)

3.3.5 **Leave Policy:** The program establishes appropriate professional, family, and sick leave policies including how these leaves could impact the participant’s ability to complete the program.

1. For this response: Copy and Paste Policy (do not provide links to policies)

3.3.6 **Non-Discrimination/Privacy/Confidentiality Policies:** The program documents compliance with applicable federal, state, and local regulations including non-discrimination, privacy, and confidentiality policies. Programs do not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, age, and other identities and/or statuses.

1. For this response: Copy and Paste Policy (do not provide links to policies)

3.3.7 **Malpractice Insurance:** The program ensures that the participant maintains comprehensive malpractice coverage to cover all work conducted as part of the program which may or may not be provided through the sponsoring organization by the program.

☐ By checking the box, the program certifies that participants maintain comprehensive malpractice coverage sufficient to cover all work conducted as part of the program.

3.3.8 **Participant Tracking:** The program maintains a record of current and past program participants.

1. Describe the program’s process for maintaining accurate records of current and past program participants.

Insert Response
2. Identify who is responsible for tracking current and past program participants.

Insert Response

3.4 **Program Director:** The program director possesses the qualifications and experience in operations, financial management, and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes. The program determines the role and responsibilities of the program director.

1. Describe the role and responsibilities of the program director.

Insert Response
2. Provide the percentage full-time equivalent (FTE) that the program director dedicates to these responsibilities.

Insert Response
3. Describe the program director’s qualifications and experience in **operations** to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response
4. Describe the program director’s qualifications and experience in **financial management** to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response
5. Describe the program director’s qualifications and experience in **leadership** to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response
6. Upload a current copy of the Program Director Curriculum Vitae or Resume as EXHIBIT 7.

3.5 **Program Coordinator:** A program coordinator is appointed if a program director does not meet the following required qualifications and clinical experience in the program’s defined area of practice. The program coordinator is responsible for overseeing the curriculum and ensuring it comprehensively incorporates the requirements in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). The program coordinator is a licensed physical therapist who completed either 1) ABPTS board certification plus one year of clinical experience or an accredited residency/fellowship within the defined area of practice plus one year of clinical experience; or 2) obtained a minimum of five years of clinical experience in the defined area of practice.

1. Describe the role and responsibilities of the program coordinator.

Insert Response
2. Provide the percentage full-time equivalent (FTE) that the program coordinator dedicates to these responsibilities.

Insert Response

1. Describe the program coordinator’s qualifications and clinical experience to oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response
2. Upload a current copy of the Program Coordinator Curriculum Vitae or Resume as EXHIBIT 8.

3.6 **Faculty:** Individuals qualified by education and experience comprise the program’s faculty based on their roles and responsibilities. The program’s faculty possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality residency/fellowship education. Programs do not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, age, and identities and/or statuses. Programs strive for diversity and a culture of inclusion among faculty, particularly with regard to historically underrepresented groups.

1. Describe the program’s faculty appointment process.

Insert Response

1. Upload a copy of the [Faculty Qualifications Chart as EXHIBIT 9](https://abptrfe.apta.org/for-programs). Within the Exhibit, list the academic credentials and/or relevant experience that qualifies each faculty and mentor to competently perform their assigned responsibilities and meet expectations of the program.

3.6.1 **Quantity:** The program employs a sufficient number of faculty who possess demonstrated expertise in the defined area of practice including the appropriate credentials to support the program’s mission, goals, and outcomes. The program’s adequate number of faculty allow for:

* Teaching, mentoring, administration, individual counseling, supervision, research throughout the program, and
* Faculty activities that contribute to individual professional growth and development.

[No response required. Provided within EXHIBIT 9: Faculty Qualifications Chart.]

3.6.2 **Qualifications:** Collectively, program faculty have the qualifications necessary to oversee and initiate the learning experiences of the residency/fellowship program. Faculty qualifications include the following:

* Advanced clinical skills,
* Academic and experiential qualifications,
* Diversity of backgrounds appropriate to meet program goals,
* Expertise in residency/fellowship curriculum development and design, and
* Expertise in program and participant evaluation.

Judgment about faculty competence in a curricular area for which a faculty is responsible is based on:

* Appropriate past and current involvement in specialist certification and/or advanced degree courses,
* Experience as a clinician or academician,
* Research experience, and
* Teaching experience.

[No response required. Provided within EXHIBIT 9: Faculty Qualifications Chart.]

3.6.3 **Residency:** At least one currently ABPTS-certified clinician serves on the faculty of the residency program and is involved in all major areas including curriculum development, clinical experience supervision, mentoring, and participant advising for those residency programs within an ABPTS-approved area of specialty.

* The program ensures the participant receives mentoring from an ABPTS-certified clinician in the area of specialty practice.
* For residency programs not within an ABPTS-approved area of specialty, the program documents at least one individual with substantial experience in that defined area of practice.

☐ By checking the box, the program certifies that the residency employs at least one faculty who is a current ABPTS-certified clinician within an ABPTS-approved area of specialty and is involved in all major areas including curriculum development, clinical experience supervision, mentoring, and participant advising. For residency programs not within an ABPTS-approved area of specialty, the program documents at least one individual with substantial experience in that defined area of practice.

[See EXHIBIT 9: Faculty Qualifications Chart]

3.6.4 **Fellowship:** The program documents that the faculty includes at least one individual with substantial and current experience in that defined area of practice. For orthopedic manual physical therapy fellowships, the faculty includes at least one Fellow of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT).

☐ By checking the box, the program certifies that the fellowship employs one faculty with substantial and current experience in that defined area of practice. For orthopaedic manual physical therapy fellowships, the program certifies that one Fellow of the American Academy of Orthopaedic Manual Physical Therapists is employed.

[See EXHIBIT 9: Faculty Qualifications Chart]

* + 1. **Residency Program Mentors Qualifications:** Mentors for residency programs are required to be physical therapists who are either: 1) ABPTS board-certified specialists in the program’s area of practice, or 2) graduate of an ABPTRFE-accredited residency/fellowship program in that area of practice, or 3) possess significant and current experience (minimum of 3 years) in the program’s area of practice.

[No response required. Provide within EXHIBIT 9: Faculty Qualifications Chart.]

* + 1. **Fellowship Program Mentors Qualifications:** Mentors for fellowship programs are required to be physical therapists who are either: 1) ABPTS board-certified specialists in the program’s related area of practice and with experience in the area of subspecialty, or 2) graduate of an ABPTRFE-accredited residency/fellowship program in that related area of practice and with experience in that area of subspecialty, or 3) possess significant and current experience (minimum of 2 years) in the subspecialty area.

[No response required. Provided within EXHIBIT 9: Faculty Qualifications Chart.]

3.6.7 **Professional Development:** The program provides ongoing professional development experiences for faculty to support their role(s) within the program. Faculty professional development experiences are designed to maintain and improve the effectiveness of the leadership and mentorship that results in program improvement. The program fosters growth in faculty through mentoring for career advancement.

1. Describe the ongoing professional development experiences offered to all faculty to support their specific roles and responsibilities within the program.

Insert Response
2. Describe how faculty receive opportunities for mentoring to further their career.

Insert Response

## Quality Standard 4: Program Commitment and Resources

Residency/Fellowship programs’ facilities support excellence in practice and dedication to physical therapy services. The program and sponsoring organization comply with all accreditation and regulatory requirements including other nationally applicable laws and industry standards. The program maintains sufficient resources to achieve the mission, goals, and outcomes. The program retains sufficient quantity and quality of resources to enable the residency/fellowship program to accomplish its goals. Sufficient resources include adequate patient population, faculty, participant support services, staff, finances, access to relevant publications, equipment, materials, and facilities.

QUALITY STANDARD 4 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

4.1 **Patient Population:** The program’s patient population is sufficient in number and variety to meet the mission, goals, and outcomes. The program provides sufficient mentored clinical practice experiences for the most common diagnoses or impairments identified in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). Other learning experiences (observation, patient rounds, surgical observations, etc.) provide sufficient exposure to less commonly encountered practice elements.

1. Describe how the program assures there is a sufficient patient population in number and variety and clinical practice settings or other learning experiences to meet the mission, goals, and outcomes.

Insert Response
2. Describe how the program provides sufficient mentored clinical practice experiences for the most common diagnoses or impairments identified in the DRP or DFP.

Insert Response
3. Describe how the program integrates other learning experiences for less commonly encountered practice elements.

Insert Response

[See Exhibit 4: Medical Condition Charts.]

4.2 **Educational Resources:** The program provides the participant and faculty access to current publications and other relevant materials in appropriate media to support the curriculum.

1. Provide a list of educational resources available to participants.

Insert Response
2. Provide a list of educational resources available to faculty.

Insert Response

1. Describe the procedures for regularly reviewing and updating publications and relevant materials.

Insert Response

4.3 **Support Services:** The program and sponsoring organization provides adequate support services that encourage and promote the participant’s successful completion.

1. Describe the support services provided to participants.

Insert Response

4.4 **Financial Resources:** The program maintains financial resources that are adequate to achieve the mission, goals, and outcomes and supports the academic integrity resulting in continued program sustainability.

1. Describe the program’s procedures for maintaining financial resources that are adequate to achieve its mission, goals, and outcomes.

Insert Response

4.4.1 **Sponsoring Organization:** For the protection of the program participant, the sponsoring organization demonstrates its support of the program, in part, by providing sufficient funding resources to sustain the program.

1. Describe how the sponsoring organization demonstrates its financial support for the program.

Insert Response

4.5 **Teach-Out Commitment:** The program and sponsoring organization commits to teaching out participants who are currently enrolled if it is deemed necessary to discontinue offering the program.

1. Please complete the following ABPTRFE teach-out commitment as EXHIBIT 10.

ABPTRFE Teach-Out Commitment

“WHEREAS, the program applied to the American Board of Physical Therapy Residency and Fellowship Education Board for accreditation, and achieved such accreditation,

 “WHEREAS, said accreditation applies to the program and all corresponding instructional activities,

 “NOW, THEREFORE, upon motion duly made and seconded and unanimously adopted, it is RESOLVED and COMMITTED that:

**One** *This program commits that all participants who enroll in this program will receive the education under the terms of their contracts, including receiving all curriculum and instructional materials on a timely basis, any subsequent change in this program’s accredited status or any other circumstances notwithstanding; and,*

**Two** *With the understanding that the intent of this Commitment is to ensure that all participants enrolled by the program before and during its period of accreditation will have the opportunity to complete their program regardless of future circumstances, it is firmly resolved that the letter and spirit of this Commitment will be fulfilled.”*

☐ I certify that this Commitment was duly and legally adopted at a meeting, duly and regularly convened at least annually during which the Program Director and designated representative from the sponsoring organization was present and acting throughout; and that said Commitment will continue in full force and effect.

Enter First and Last Name Program Director

Enter First and Last Name Sponsoring Organization Representative Title

## Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness

Residency/Fellowship programs conduct ongoing evaluation of the mission, goals, outcomes, faculty, curriculum, and participants in a commitment to continuous improvement. The program annually gathers data, monitors results, and analyzes information to determine the extent to which the mission, goals, and outcomes are achieved. The evaluation process is planned, organized, scheduled, and documented to ensure ongoing quality education in a defined area of practice. Participant performance is evaluated initially, on an ongoing basis, and at the conclusion of the program. Participant evaluation data are used to further focus learning and instruction and confirm achievement of the program outcomes. Data collected on the post-graduate performance of the participant is used to evaluate the program’s effectiveness and inform curriculum revisions.

QUALITY STANDARD 5 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

5.1 **Program Assessment:** The program implements a plan and collects data from key indicators used to annually evaluate the achievement of its mission, goals, and outcomes.

[No response required. Provided within EXHIBIT 2: Mission and Goals Chart template and EXHIBIT 3: Assessment Table]

5.2 **Participant Progress:** The program establishes a consistent process for tracking the participant’s level of achievement of the program outcomes against identified benchmarks. Overall participant progress is assessed at regular intervals to ensure timely completion and appropriate progression of participant advancement.

1. Describe the program’s procedures for assessing the progression of participant advancement at regular intervals.

Insert Response

5.3 **Program Director and Coordinator Evaluation:** The program establishes an annual process for evaluating the program director and coordinator (as applicable) including adequate administrative program oversight, evaluation of program participants, and appropriate allocation of resources against identified benchmarks based on responsibilities.

1. Describe the program’s procedures for annually evaluating the program director and coordinator (as applicable) to evaluate all aspects of their role and responsibilities.

Insert Response

5.4 **Faculty Evaluation:** The program establishes an annual process for evaluating faculty which may include an assessment of teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support. When determining faculty effectiveness, the program identifies benchmarks and gathers data from multiple sources. Mentor performance is evaluated through direct observations by the program director/coordinator. Annually, faculty receive feedback results for continuous improvement purposes.

1. Describe the program’s procedures for annually evaluating faculty.

Insert Response
2. Describe the program’s procedures for directly observing mentors annually.

Insert Response
3. Describe how feedback results are communicated to faculty.

Insert Response
4. Describe how the results of these evaluations are used for continuous improvement purposes.

Insert Response

5.5 **Participant Post-Completion Performance:** The program regularly collects information about the post-completion performance of the residency/fellowship graduate which is used for program evaluation and continuous improvement.

1. Describe how the program regularly collects information about the post-completion performance of residency/fellowship graduates.

Insert Response
2. Describe how the program uses the information collected about the post-completion performance of residency/fellowship graduates for program evaluation and continuous improvement.
Insert Response

5.6 **Program Effectiveness:** The program annually uses comprehensive outcomes data to inform curriculum revisions. The data guides the program’s continuous improvement efforts indicative of an ABPTRFE-accredited residency/fellowship program and provides evidence supporting the continued achievement of the mission, goals, and outcomes.

1. Describe how the program uses comprehensive outcomes data (program assessment, participant progress, program director/coordinator evaluation, faculty/mentor evaluation, and participant post-completion performance) to inform curriculum revisions.

Insert Response
2. Describe how the data collected is used to guide the program’s continuous improvement efforts.

Insert Response
3. Describe how the program uses this comprehensive outcomes data to support the continued achievement of its mission, goals, and outcomes.

Insert Response

5.7 **Outcomes Publication:** The program annually publishes outcomes data that communicates program performance indicative of participant achievement. Outcomes data must be published on the program’s website. Information shall be no more than one “click” away from the program’s home webpage. At a minimum, programs publish their program completion rate.

1. List the program’s outcomes data indicative of participant achievement that is available for review by the public (e.g., website, promotional materials, orientation, or program directory pages). At a minimum, programs publish completion rates.

Insert Response
2. Provide the link to the program’s website that demonstrates where the ABPTRFE-accredited program logo and program outcomes data are published.

Insert Response

**Last Updated:** 06/29/2025

**Contact:** resfel@apta.org